

Case Number:	CM14-0067869		
Date Assigned:	07/11/2014	Date of Injury:	06/05/2013
Decision Date:	09/15/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 64-year-old female who has submitted a claim for cervical spine hyperextension/hyperflexion, right shoulder impingement, lumbar hyperextension/hyperflexion, and bilateral knee contusions associated with an industrial injury date of June 5, 2013. Medical records from March 14, 2014 up to June 6, 2014 were reviewed showing significant amount of neck and low back pain characterized as stabbing with numbness at a pain scale of 5-6/10. She also had stabbing pain in bilateral shoulders with a pain scale of 3/10. Her pain in the waist was rated at 4/10 and her stabbing pain in the right knee was rated at 4/10. She noted benefit with the use of tramadol and naproxen but denied improvement with acupuncture therapy. Cervical spine examination noted tenderness at the occipital insertion of the paracervical musculature, bilateral trapezii, and midline base of cervical spine. There was limited range of motion and scapular retraction was limited and produced rhomboid pain. Patient had mildly positive head compression sign but negative Spurling sign. Right shoulder examination revealed tenderness of sternoclavicular joint, anterior capsule, and acromioclavicular joint with concomitant limited range of motion. Neer's, Hawkin's maneuver and impingement signs were positive. Lumbar spine examination revealed tenderness from the thoracolumbar spine down to base of pelvis. Patient was unable to fully squat due to pain. Treatment to date has included Ultram, naproxen, and acupuncture. Utilization review from May 5, 2014 denied the request for TGHOT cream #1 and FluriFlex cream 240mg #1 because there was no documentation of significant change in VAS score, pain, or functional improvement with the continued use of the requested medications. The use of topical and compound medication has not been shown to result in superior systemic blood levels versus appropriately used oral medication in FDA approved dosages. There is no evidence for use of any other muscle relaxant as a topical product. There is little evidence to

utilize topical NSAIDs as the patient is clearly able to use oral medications. There is no rationale presented for the use of compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TGHot cream, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: TGHot contains tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%, and capsaicin 0.05%. Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. Regarding the tramadol component, the topical formulation of tramadol does not show consistent efficacy. Regarding the gabapentin component, guidelines do not recommend gabapentin because does not show consistent efficacy. Regarding the capsaicin component, there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Regarding the menthol and capsaicin component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA issued a safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. The guidelines do not address camphor. In this case, the medical records submitted for review failed to show evidence of failure of or intolerance to oral medications. Furthermore, TGHOT cream contains tramadol and gabapentin that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. This patient has also been taking Ultram which she stated has been beneficial. There is no discussion regarding the need for combined use of oral and topical analgesics. In addition, the dosage of TGHOT cream was not noted. Therefore, the request for TGHot cream is not medically necessary.

Fluriflex cream 240gm, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: FluriFlex cream consists of flurbiprofen 15% and cyclobenzaprine 10%. As stated on pages 111 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAID formulation is only supported for diclofenac in the California MTUS. Also, there is no evidence for use of any other muscle relaxant as a topical product such as cyclobenzaprine. In this case, medical records reviewed did not show failure of oral formulations. Moreover, flurbiprofen and cyclobenzaprine are not recommended for topical use. Furthermore, the patient is currently taking naproxen, and there is no discussion regarding the need for combined use of oral and topical analgesics. Therefore, the request for FluriFlex cream 240 gm is not medically necessary.